

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -5 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000f2404

1. Corporation Name

PEOPLE PERFORMANCE INC

2. Principal Office Address

7066 SAN SALVADOR DR

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33433

Country

PALM BEACH

3. Mailing Office Address

7066 SAN SALVADOR DR

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33433

Country

PALM BEACH

200035535082

05/05/04--01048--011 \*\*300.00

03-01

4. Date Incorporated or Qualified  
To Do Business in Florida

9/13/99

5. FEI Number

65-0951956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DVORAH FISCHER PRINCE

Street Address (P.O. Box Number is Not Acceptable)

7066 SAN SALVADOR DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code  
33433

**REINSTATEMENT**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.D.</u>	<u>DVORAH FISCHER PRINCE</u>	<u>7066 SAN SALVADOR DR</u>	<u>BOCA RATON, FL 33433</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Dvora Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #

CR2E081 (01/04)

**SIDNEY M. SCHUCHMAN**  
*Certified Public Accountant*



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FLORIDA (800) 871-5216  
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April 26, 2004

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: People Performance, Inc.  
Document #: P99000082404

Gentlemen:

Enclosed please find a check in the amount of \$300 for the years 2003 and 2004 annual reports.

*Dep of State*

On behalf of the corporation, I am requesting a waiver of the reinstatement fee. Due to the untimely death of a key employee, the corporation was not functioning on a day-to-day basis for many months and the office on record was shut and moved to a new location, not realizing the forwarding notice had expired.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sidney M. Schuchman".

**Sidney M. Schuchman, CPA**

Cc: People Performance, Inc.